

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

JASON S GROVE SR  
BRIANA A GROVE  
Debtor(s)

Case No. 18-04491

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/20/2018.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was transferred on 03/21/2018.
- 6) Number of months from filing to last payment: 0.
- 7) Number of months case was pending: 2.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$0.00
Less amount refunded to debtor	\$0.00

**NET RECEIPTS:** **\$0.00**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$0.00
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$0.00**

Attorney fees paid and disclosed by debtor: \$4,690.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
CENTRAL ILLINOIS RADIOLOGICAL	Unsecured	753.00	NA	NA	0.00	0.00
COUNTRY WEST PHYSICAL THERAP	Unsecured	2,600.00	NA	NA	0.00	0.00
CREDITORS COLLECTION BUREAU	Unsecured	NA	46,729.09	46,729.09	0.00	0.00
EMERGENCY PHYSICIAN MG OF ILL	Unsecured	255.00	NA	NA	0.00	0.00
FIRST NATIONAL COLLECTION BURI	Unsecured	3,087.85	NA	NA	0.00	0.00
Health Alliance	Unsecured	3,592.00	NA	NA	0.00	0.00
North American Partners in Anesthes	Unsecured	4,303.60	NA	NA	0.00	0.00
RIVERSIDE MED CTR	Unsecured	19,419.63	NA	NA	0.00	0.00
RIVERSIDE MED CTR	Unsecured	931.06	NA	NA	0.00	0.00
S DAVID LANG MD	Unsecured	1,725.00	NA	NA	0.00	0.00
SANTANDER CONSUMER USA	Unsecured	NA	3,323.88	3,323.88	0.00	0.00
SANTANDER CONSUMER USA	Secured	NA	14,500.00	14,500.00	0.00	0.00
ST IL TOLLWAY AUTHORITY	Priority	1,000.00	NA	NA	0.00	0.00
ST IL TOLLWAY AUTHORITY	Unsecured	1,000.00	4,256.25	4,256.25	0.00	0.00
TRANSWORLD SYSTEMS	Unsecured	650.00	NA	NA	0.00	0.00
UNIVERSITY PATHOLOGISTS	Unsecured	185.00	NA	NA	0.00	0.00

<b>Summary of Disbursements to Creditors:</b>			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$14,500.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$14,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$54,309.22</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Disbursements:</b>			
Expenses of Administration	<u>\$0.00</u>		
Disbursements to Creditors	<u>\$0.00</u>		
<b>TOTAL DISBURSEMENTS :</b>			<b><u>\$0.00</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 04/27/2018

By: /s/ Tom Vaughn

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.